



## SUPPLEMENTAL APPLICATION DATA SHEET

### **Application Information**

Application Number:: 10/716,896  
Filing Date:: 11/17/03  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: None  
Title:: A System for Automatically Weaning a  
Patient from a Ventilator, and Method  
Thereof  
Attorney Docket Number:: CPC-006CN2  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 16  
Small Entity?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: W.  
Family Name:: Biondi  
Name Suffix:: M.D.  
City of Residence:: North Haven  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of Mailing Address:: 1601 Ridge Road  
City of Mailing Address:: North Haven  
State or Province of Mailing Address:: CT

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Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 06473

~~Applicant Authority Type:: Inventor~~  
~~Primary Citizenship Country:: US~~  
~~Status:: Full Capacity~~  
~~Given Name:: Donald~~  
~~Middle Name:: D.~~  
~~Family Name:: Gilmore~~  
~~City of Residence:: Kiehi~~  
~~State or Province of Residence:: Hawaii~~  
~~Country of Residence:: US~~  
~~Street of Mailing Address:: 1083 Kupulau Drive~~  
~~City of Mailing Address:: Kiehi~~  
~~State or Province of Mailing Address:: Hawaii~~  
~~Country of Mailing Address:: US~~  
~~Postal or Zip Code of Mailing Address:: 96753~~

~~Applicant Authority Type:: Inventor~~  
~~Primary Citizenship Country:: US~~  
~~Status:: Full Capacity~~  
~~Given Name:: Douglas~~  
~~Middle Name:: M.~~  
~~Family Name:: Johnston~~  
~~City of Residence:: Winchester~~  
~~State or Province of Residence:: MA~~  
~~Country of Residence:: US~~  
~~Street of Mailing Address:: 48 Winthrop Street~~  
~~City of Mailing Address:: Winchester~~  
~~State or Province of Mailing Address:: MA~~  
~~Country of Mailing Address:: US~~  
~~Postal or Zip Code of Mailing Address:: 01890~~

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nancy  
Family Name:: Lockhorn  
City of Residence:: Hamden  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of Mailing Address:: 275 Circular Avenue, Apt. 1C  
City of Mailing Address:: Hamden  
State or Province of Mailing Address:: CT  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 06514

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Family Name:: Reynolds  
City of Residence:: New Haven  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of Mailing Address:: 299 Townsend Avenue  
City of Mailing Address:: New Haven  
State or Province of Mailing Address:: CT  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 06512

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	10/260,796	09/30/02
10/260,796	Continuation of	09/767,173	01/22/01
09/767,173	Continuation-in-part-of	09/660,820	09/13/00
09/660,820	Continuation of	09/045,461	03/20/98
09/045,461	Continuation-in-part-of	08/569,919	12/08/95

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::